

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): PHAM, Nam Dinh	
Application No.: 10/027,903	Art Unit: 3693
Filed: 12/20/2001	Examiner: HAVAN, Thu Thao
Title: Financial Exchange System and Method	
Attorney Docket No.: 213-0101	

**REQUEST FOR CORRECTION**

Office of Initial Patent Examination's  
Customer Service Center  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Petitioner hereby requests a correction in the Filing Receipt of the above-referenced patent application. Enclosed is a copy of the Filing Receipt with the changes noted thereon.

Respectfully submitted,

\_\_\_\_\_  
July 28, 2009  
Date

\_\_\_\_\_  
*Anthony B. Diepenbrock*  
Anthony Diepenbrock  
Reg. No. 39,960  
Attorney for Applicant

Anthony Diepenbrock  
IPxLaw Group LLP  
95 S. Market St., Suite 570  
San Jose, California 95113  
408 827 3304



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 3219

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/027,903	12/20/2001	705	3695	367213-001	
<b>RULE</b>					
<b>APPLICANTS</b> Nam Dinh Pham, Frederick, MD; Washington D.C. <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 01/30/2002					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/THU-THAO HAVAN/</u> Examiner's signature	<input checked="" type="checkbox"/> Met after Allowance TTH Initials	<b>STATE OR COUNTRY</b> MD D.C.	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> DECHERT LLP IPxLaw Group LLP, 95. S. Market St., Suite 570, San Jose, CA 95113 P.O. BOX 390469 MOUNTAIN VIEW, CA 94039-0469 UNITED STATES					
<b>TITLE</b> Financial exchange system and method					
<b>FILING FEE RECEIVED</b> 550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		